DECLARATION AND POWER OF ATTORNEY

ATTORNEY DOCKET NO. 30005365 -1

FOR PATENT APPLICATION

As a below named inventor, I hereby declare that:

My residence/post office address and citizenship are as stated below next to my name;

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first

the specification of which	is attached hereto unless th	e following box is	checked:			
	e specification of which is attached hereto unless the following box is checked: () was filed on as US Application No. or PCT International Application					
Number	and was amended on (if applicable).					
I hereby state that I have including the claims, as a	reviewed and understood t	he contents of th (s) referred to abo	e above-identified specification ve. I acknowledge the duty to			
inventor(s) certificate listed below	enefits under Title 35, United State	y foreign application fo	any foreign application(s) for patent or patent or inventor(s) certificate havin			
COUNTRY	APPLICATION NUMBER	DATE FILED	PRIORITY CLAIMED UNDER 35 U.S.C. 119			
			YES: NO:			
			YES: NO:			
I hereby claim the benefit under below:	Title 35, United States Code Section Number	on 119(e) of any Unite	ed States provisional application(s) liste			
-	AFFLICATION NUMBER	TENO DATE				
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DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION (continued)

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Inventor's Signature	V 07'E	Date	
	Of an Andrew Pottle		Citizenship: GB
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Residence:		JOIOL BOI	312 32
Post Office Address:	Same as Residence	(4	- Falama M
Inventor's Signature	16070	Date	February 02
Inventor 3 digitaturs / 000 (Bu		
Full Name of # 4 joint invento	r:		Citizenship:
Residence:			
Post Office Address:			
rost Office Address.			
Inventor's Signature		Date	
Full Name of # 5 joint invento	or:		Citizenship:
Residence:			
Post Office Address:			
Inventor's Signature		Date	
Full Name of # 6 joint invent	or:		Citizenship:
Residence:			
Post Office Address:			
		Date	
Inventor's Signature		Date	
			Citizenship:
Full Name of # 7 joint inven	tor:		Citizensnip:
Residence:			
Post Office Address:			
Inventor's Signature		Date	
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Full Name of # 8 joint inver	ntor:		Citizenship:
Residence:			
		-	
Post Office Address:			
Inventor o Signatura		Date	